

9/13/89 / ASAP
P.M.

File

PERMIT

P 38084

A 30234

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

X992-2330X

461-9933

04-342975

INDEXED

ELLICOTT CITY

DISTRICT 4th

DATE 11/24/86

APPROVED FINAL 9/13/89

" BY C.B.

Peter Lucas IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Roxbury ROAD 4085 Roxmill Ct. LOT 9

PROPERTY OWNER Peter Lucas

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Start first trench 220 feet from the front lot line and 70 feet from the right lot line as seen when facing the property from Roxmill Court. Run trench(s) more or less along contour toward rear of lot.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

9/13 A.M. VED-W.P.I. - OK TO COVER TO 3' OF WELL CASING

P.M. NO CHANGE NOTE - LINE COMES UP THRU FLOOR OF BASEMENT. C.B.

PLANS APPROVED BY C.B. 9/14/89 P.M. C. Williams DATE 8/19/83

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

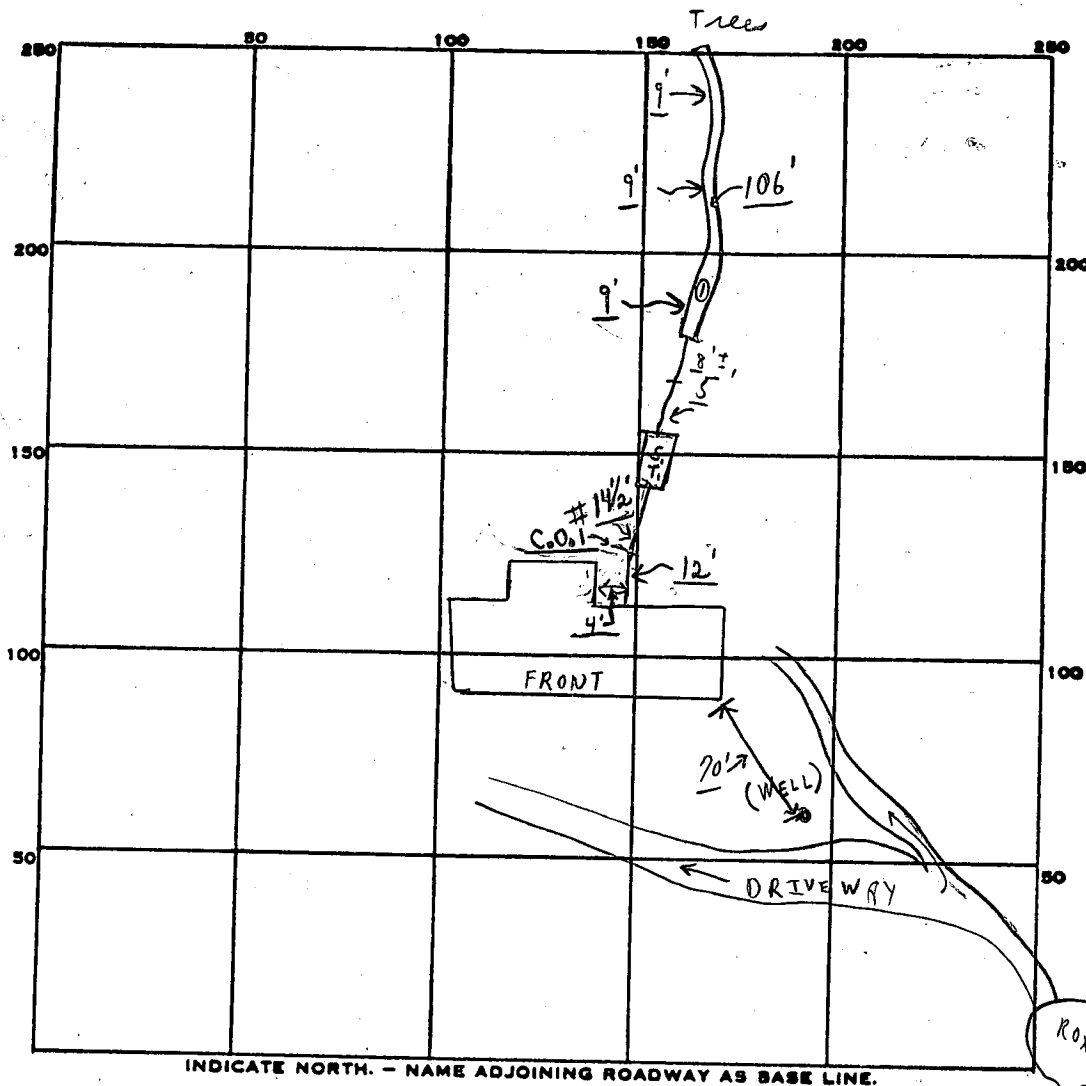
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A-30234



PERMIT CARD ✓

S.T. C.O.#1

SEPTIC TANK, LEVEL OK

CLEANOUTS OK OK

DISTRIBUTION BOX, LEVEL NOT APPLICABLE

TRENCH
TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET 3'

GRAVEL DEPTH 6 ±' IN. TOTAL LENGTH 106' ± OK +(8') ± FT. EXTRA

NUMBER OF TRENCHES 1 SIDEWALL TOTAL 636' ± AREA

SEEPAGE PITS, INSIDE DIAMETER FT. DEPTH BELOW INLET FT.

ABSORBENT AREA 636' SQ. FT.

REMARKS 9/13/89 W.P.I. - PARTIAL - OK TO COVER FROM HOUSE TO 3' ± OF
WELL CASING; C.B.D. ; 9/13/89 OK TO PUT STONE IN TRENCH OF 106' ±
PARTIAL; 9/13/89 P.M. - OK TO COVER ALL WORK - FINAL.
C.B.D.

9/14/89 LATE P.M. - W.P.I. PARTIAL
cover C.B.D. A lined + pitless adapter - ok to

DATE SYSTEM APPROVED 9/13/89

INSPECTOR Charles Brian Shecker

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

A 30234

P _____

4th.

DISTRICT _____

9/28/79

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ~~J. Garrett Reilly~~ Peter LUCAS

ADDRESS Roxbury Mills Rd., Glenwood, Md. 21738 PHONE 489-4481

PROPERTY LOCATION:

SUBDIVISION Roxbury LOT NO. 12 new. 9

ROAD AND DESCRIPTION Route 97 4085 Roxmill Ct.

SIZE OF LOT 3.00 Acres TYPE BLDG. 3 or 4 Bedrooms

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT E. Smariga /s/

BLDG. PERMIT SIGNED
AND RETURNED 11/7/84
BP# 8747
SAR

APPROVED BY R.D. & D.W.M. FOR DRYWELL DATE 12/10/79

REJECTED BY _____ FOR _____ DATE _____

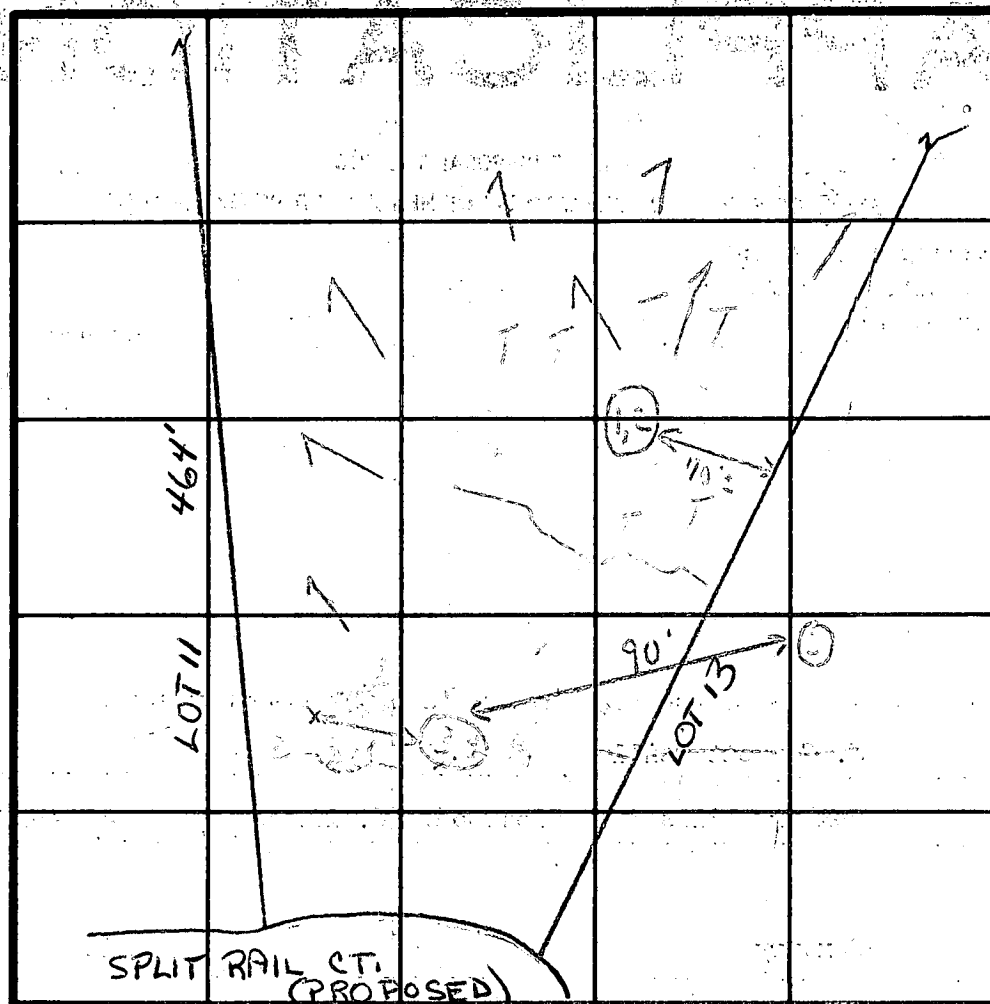
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/7/79 OK R.D.

THIS IS NOT A PERMIT

SOIL PROFILE

0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

[illegible]

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30234

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

4th.

DISTRICT _____

9/28/79

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER J. Garrett Reilly

ADDRESS Roxbury Mills Rd., Glenwood, Md. 21738 PHONE 489-4481

PROPERTY LOCATION:

SUBDIVISION Roxbury LOT NO. 12

ROAD AND DESCRIPTION Route 97

SIZE OF LOT 3.00 Acres TYPE BLDG. 3 or 4 Bedrooms

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT E. Smariga /s/

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

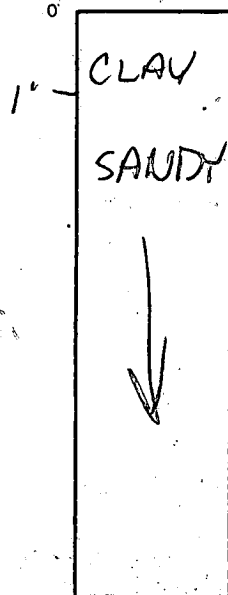
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

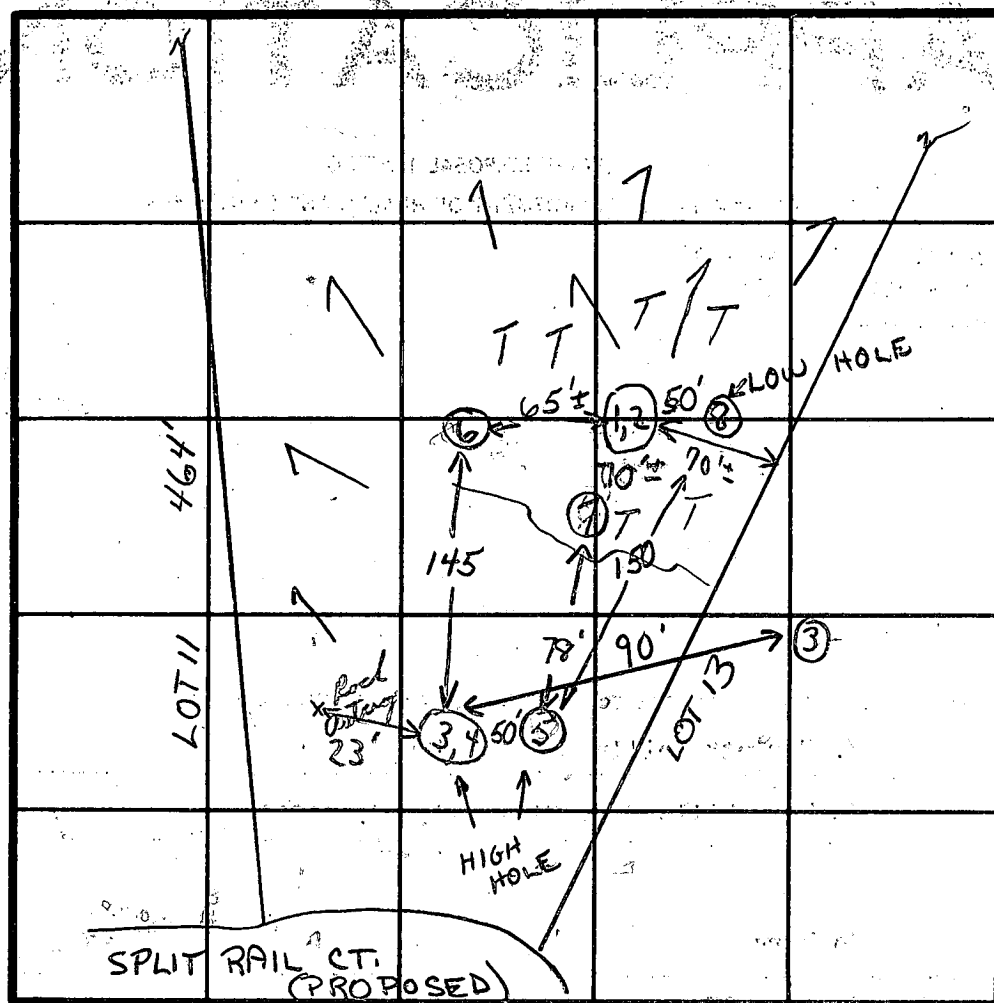
#12

LOT 12

SOIL PROFILE



HOLES 6, 7



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
1'-3' CLAY	12/6/79	1	3'	3:42	3:44	3:44	3:46	2 min
3'-12' SANDY LOAM		2	12 1/2'	3:43	3:46	3:46	3:51	5 min
1'-3' CLAY		3	3'	4:02	4:04	4:04	4:06	2 min
3'-13' LOAM		4	13'	4:02	4:05	4:05	4:10	5 min
	12/7/79	5S	3'	1:10	1:12	1:12	1:15	3
		5D	12'	1:11	1:13	1:13	1:16	3
		6S	3'	1:13	1:15	1:15	1:18	3
		6D	12 1/2'	1:13	1:15	1:20	1:27	7
		7V	13'	GOOD SANDY SOIL - PROFILE				✓
		8S	3'	1:35	1:37	1:37	1:40	3
		8D	12 1/2'	1:35	1:37	1:37	1:41	4

4 MIN. AVG.

REMARKS: (?) ON WELL SITE + SYSTEM FIRST
 AREA OF TESTS DIFFERENT THAN SHOWN ON PRELIMINARY FIELD PLATT

TYPE OF SOIL: SANDY & SANDY LOAM BELOW CLAY LAYER

TESTED BY: C.B.S. / R.D.

12/7/79

ALSO PRESENT

KETTERMAN
 I, II

LOT 13

137,820 \$ OR
3.157 AC.

LOT 9

138,794 \$ OR
3.117 AC.

LOT 10

133,751 \$ OR
3.071 AC.

LOT 11

189,000 \$ OR
4.337 AC.

NOTE:
T.S. - TOP OF SEPTIC
TANK
INV. - INVERT OUT

DATE	REVISIONS
12-01-88	REV. LOTS 9-17, RE-MILL ST. & ADDED DRAINAGE & UTILITY EMTS. BY INT'L HOWARD COUNTY CIVIL SURVEY
1-27-93	

FINAL PLAT
SECTION I

ROXBURY

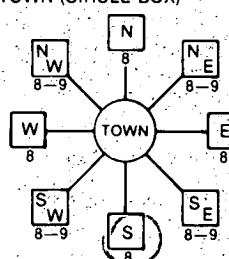
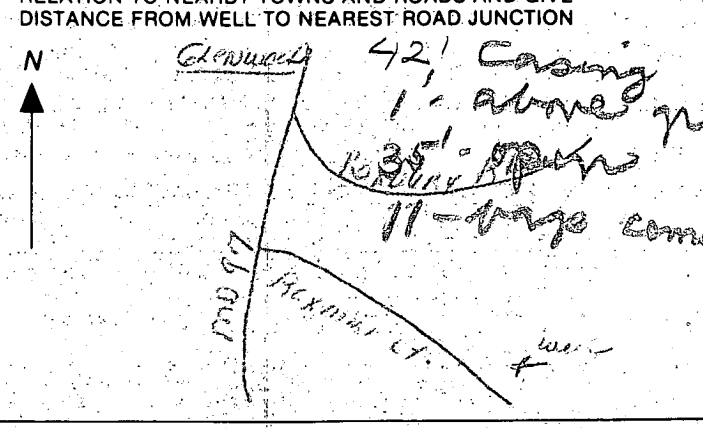
SITUATED ON MARYLAND
AT ROXBURY
FOURTH ELECTION
HOWARD COUNTY

DR'S CERTIFICATION
THE FINAL PLAT SHOWN HEREON IS CORRECT
IN OR PART OF THE LANDS CONVEYED BY
OLD FREDERICK ASSOCIATES, A MARYLAND
CORP. DATED DECEMBER 17, 1979 AND
ON RECORDS OF HOWARD COUNTY, IN LIBER



SCALE: 1"=100'

APRIL

B 1 1004	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 40-81-1403 </div>
Date Received <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8 2 2 1 3 </div>		B 3 LOCATION OF WELL 8 COUNTY <div style="border: 1px solid black; padding: 2px; display: inline-block;">H C H A R I</div> 21 23 SUBDIVISION <div style="border: 1px solid black; padding: 2px; display: inline-block;">H O R R I D Y</div> 42 SECTION <div style="border: 1px solid black; padding: 2px; display: inline-block;">44</div> 46 LOT <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div> 50 52 NEAREST TOWN <div style="border: 1px solid black; padding: 2px; display: inline-block;">C I R R I M O O C</div> 71 MILES FROM TOWN (enter 0 if in town) <div style="border: 1px solid black; padding: 2px; display: inline-block;">2 3</div> 73 <div style="border: 1px solid black; padding: 2px; display: inline-block;">M I</div> 76 77 78	
OWNER INFORMATION 15 Last Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">J H A S</div> Owner First Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">P E T E R</div> 34 Street or RFD <div style="border: 1px solid black; padding: 2px; display: inline-block;">6 3 7 C H E R B Y W I L E R D</div> 55 Town <div style="border: 1px solid black; padding: 2px; display: inline-block;">P O R K</div> 70 State 72 <div style="border: 1px solid black; padding: 2px; display: inline-block;">2 0 7 4 0</div> Zip 76		DRILLER INFORMATION Driller's Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">J O H N L M A Y</div> 77 License No. 80 <div style="border: 1px solid black; padding: 2px; display: inline-block;">2 3 8</div> Firm Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">J O H N L M A Y D R I L L I N G</div> Address <div style="border: 1px solid black; padding: 2px; display: inline-block;">5 5 1 2 R I V E R R D M D 1 1 1 4 3 1 7 7 1</div> Signature <div style="border: 1px solid black; padding: 2px; display: inline-block;">J O H N L M A Y</div> Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0 / 2 / 8 6</div>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0 0</div> 14 20		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <div style="border: 1px solid black; padding: 2px; display: inline-block;">H O W A R D</div> COUNTY NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">A 3 0 2 3 4</div> OEP SIGNATURE <div style="border: 1px solid black; padding: 2px; display: inline-block;">J O H N L M A Y</div> STATE HEALTH INSERT S <div style="border: 1px solid black; padding: 2px; display: inline-block;">41</div> DATE ISSUED <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0 / 2 / 8 6</div> CO. SIGNATURE <div style="border: 1px solid black; padding: 2px; display: inline-block;">J O H N L M A Y</div> EXP. DATE <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0 / 2 / 8 6</div> NORTH GRID <div style="border: 1px solid black; padding: 2px; display: inline-block;">5 0 1 0 0 0 0</div> 55 EAST GRID <div style="border: 1px solid black; padding: 2px; display: inline-block;">0 7 8 6 0 0 0</div> 63	
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">2 0 0</div> 24 FEET 28 APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. <div style="border: 1px solid black; padding: 2px; display: inline-block;">WELL</div> 3. <div style="border: 1px solid black; padding: 2px; display: inline-block;">WELL</div> WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; padding: 2px; display: inline-block;">E 180 1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">N 520 19</div>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30. AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> 37. CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39. <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <div style="border: 1px solid black; padding: 2px; display: inline-block;">41</div> 42		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">54</div> G A P <div style="border: 1px solid black; padding: 2px; display: inline-block;">63</div> FORCE <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 5</div> WRITE INITIALS IN BOX <div style="border: 1px solid black; padding: 2px; display: inline-block;">H O - 8 1 - 1 4 0 3</div> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS			

C1 00460 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER A 30234

DATE Received
8 13

DATE WELL COMPLETED
050686
15 20

Depth of Well
145
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-81-1403
28 29 30 31 32 33 34 35 36 37

OWNER LUCAS PETER
last name first name
STREET OR RFD ROXMILL CT TOWN GLEN WOOD
SUBDIVISION ROXBURY SECTION LOT 9

WELL LOG
Not required for driven wells
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Brown Shale	0	36	
Gray Mica Rock	36	145	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES ☒ NO ☐
TYPE OF GROUTING MATERIAL
CEMENT ☒ BENTONITE CLAY ☐
NO. OF BAGS 11 NO. OF POUNDS 1034
GALLONS OF WATER 66
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 35 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL ☒ CONCRETE ☐
PLASTIC ☐ OTHER ☐
MAIN CASING TYPE Nominal diameter (nearest inch) Total depth (nearest foot)
ST 6 42

OTHER CASING (if used)
diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL ☒ BRASS ☐ OPEN HOLE ☐
PLASTIC ☐ OTHER ☐

DEPTH (nearest ft.)
145
C2
EACH SCREEN
1 41 145
2
3
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
from to

GRAVEL PACK
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 12
METHOD USED TO MEASURE PUMPING RATE bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 24
WHEN PUMPING 28
TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height)
+ above
- below
LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
DRILLERS IDENT. NO. 238
DRILLERS SIGNATURE Joseph L. Mayne
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OK'd 5/16/86. PSM

Well Permit No. HO - 81-1403

Depth of well 145

Distance of measuring point (M.P.) above ground /

Static water level (S.W.L.) below M.P. 24'

1. High rate pumping -- reservoir drawdown

Time pump started 11:30 Pumping rate 12 gal.
Total time 15 min. to reach pumping water level 28 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

9/14/89
late P.M.

9/14 Partial
C.B.E. ↓

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____
Replacement _____

Receipt # 44982
Date 9/25/89

Name of Installer _____ Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner PETER LUCAS Telephone _____
Subdivision ROXBURY Lot # 9 Well Tag # HO-81-1403
Site Address 4085 ROXMILL COURT, GLENWOOD, MD

Pump Motor Pitless Adapter
1. Type 1. Horsepower _____ 1. Make _____
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth _____
c. Submersible _____ a. 110 _____
2. Make _____ b. 220 _____
3. Model # _____
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Tank Piping Well data
1. Capacity _____ 1. Type _____ 1. Depth _____ ft.
2. Pressure relief valve? _____ 2. Size _____ 2. Yield _____ GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level _____ ft.
4. Depth of supply line _____ 4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

9/14/89 Partial
Note: 0 Water well line + pitless adapter is OK to cover, only;
C.B.E.



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

Reply to: Charles B. Streaker
313-2640

November 24, 1993

Mr. Peter Lucas
4085 Roxmill Court
Glenwood, Maryland
21738

4085 Roxmill Court
RE: LOT #9 ROXBURY S/O
Well Tag No. # H0-81-1403

Dear Mr. P. Lucas:

The water sample recently submitted for testing was found to contain coliform bacteria indicating that some contamination is present. It is possible that some dangerous bacteria could enter your water supply at any time.

It is recommended that the well casing, seal or cap and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. The Health Department should be contacted to arrange follow-up testing to insure sterility.

If further information is needed, please call 313-2640 between 8:00 a.m. and 5:00 p.m.

Very truly yours,

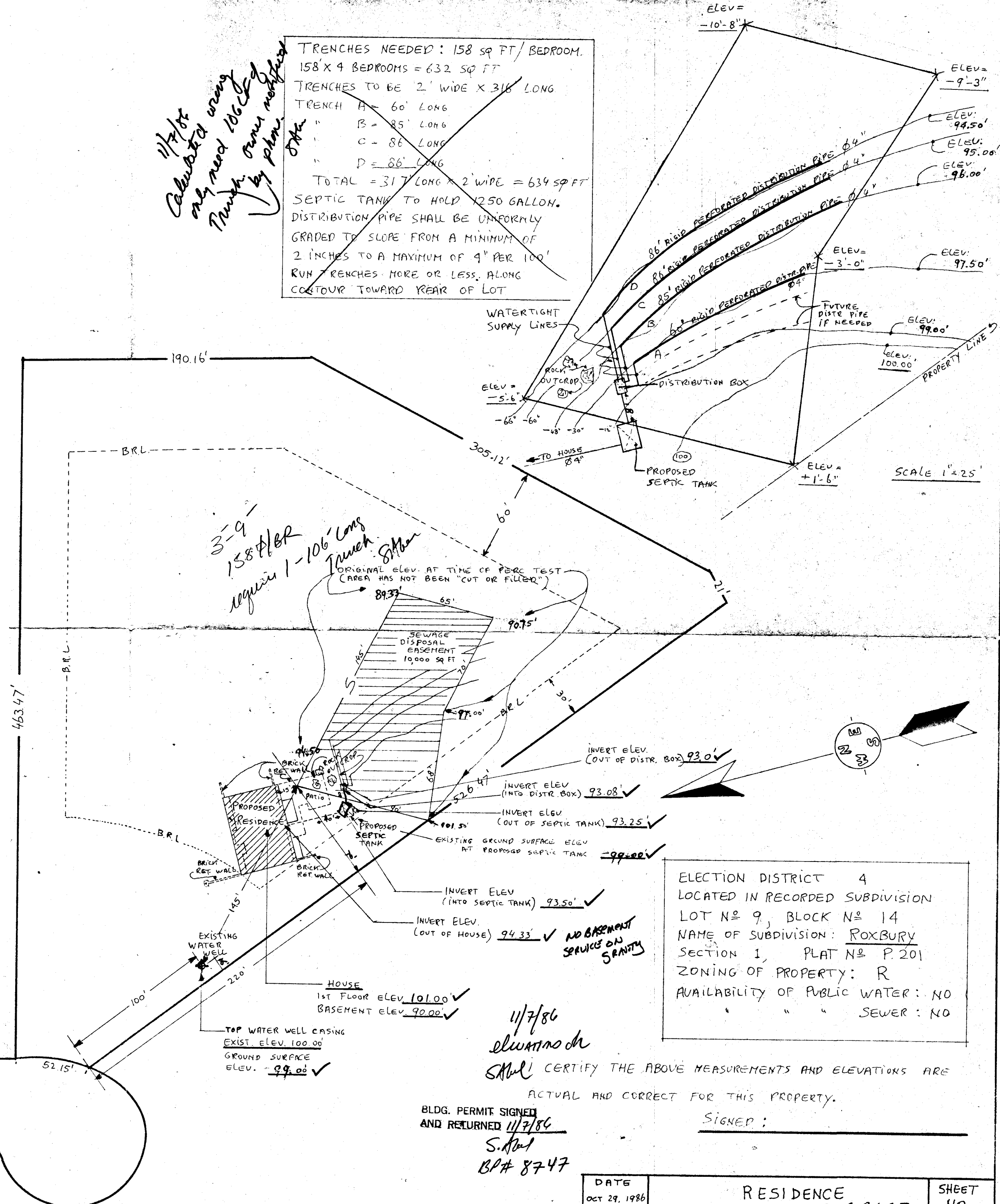
Charles B. Streaker, R.S.
Charles B. Streaker, R.S.
Water and Sewerage Program

CBS:hs

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits 313-2640 Community Environmental Health 313-2642
Technical Services 313-2644 Director 313-2645 TDD 313-2323

11/7/86
 Calculated wrong
 only need 106' of
 trench. Owner notified
 by phone.

TRENCHES NEEDED: 158 SQ FT / BEDROOM.
 158' X 4 BEDROOMS = 632 SQ FT
 TRENCHES TO BE 2' WIDE X 3 1/8' LONG
 TRENCH A - 60' LONG
 " B - 85' LONG
 " C - 86' LONG
 " D - 86' LONG
 TOTAL = 317' LONG X 2' WIDE = 634 SQ FT
 SEPTIC TANK TO HOLD 1250 GALLON.
 DISTRIBUTION PIPE SHALL BE UNIFORMLY
 GRADED TO SLOPE FROM A MINIMUM OF
 2 INCHES TO A MAXIMUM OF 4" PER 100'
 RUN TRENCHES MORE OR LESS, ALONG
 CONTOUR TOWARD REAR OF LOT



3'-9"
 158' BR
 require 1-106' long
 trench. S.M.

ELECTION DISTRICT 4
 LOCATED IN RECORDED SUBDIVISION
 LOT N^o 9, BLOCK N^o 14
 NAME OF SUBDIVISION: ROXBURY
 SECTION 1, PLAT N^o P.201
 ZONING OF PROPERTY: R
 AVAILABILITY OF PUBLIC WATER: NO
 " " " SEWER: NO

11/7/86
 elevations on
 S.M.

CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE
 ACTUAL AND CORRECT FOR THIS PROPERTY.

BLDG. PERMIT SIGNED
 AND RETURNED 11/7/86
 S.M.
 BP# 8747

Signed: _____

SITE PLAN SCALE 1" = 50'

DATE OCT 29, 1986	RESIDENCE FOR 982-9627. MR & MRS PETER T. LUCAS 4085 ROXMILL COURT GLENWOOD MARYLAND 21728	SHEET NO. 3 OF 14
DRAWN BY [Signature]		
SCALE 1" = 50' 1/4" = 25'		